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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/22/05</u>		2 Serial/Patent # <u>09/476,711</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	/	9/2/05	\$ 60.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
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	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 60.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">5</td></tr></table>		5	0	--	0	7	0	5
5	0	--	0	7	0	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
outside maximum period obtainable for an extension											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison Ball</u>		PHONE: <u>23212</u>									
OFFICE: <u>Petitioners</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Ulricha Kell</u>		DATE: <u>9/23/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
In re Application of David O. McGoveran		
Application Number 09/476711		Filed 12/30/99
For A Declarative Method		
Group Art Unit		Examiner
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ <u>120</u></p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$60.00</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0705</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>9/2/05</u> Date</p> <p><u>George S. Cole, Esq.</u> Signature <u>George S. Cole, Esq.</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09/08/2005 MAHMED1 00000099 500705 09476711

02 FC:2251 60.00 DA

Adjustment date: 09/23/2005 AKELLEY

09/08/2005 MAHMED1 00000099 500705 09476711

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